FOLKETINGETS OMBUDSMAND

Thematic report 2017

Social psychiatry – security for residents in social residential institutions and in sector transfers

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1. What has the theme led to?

Social psychiatry – security for residents in social residential institutions and in sector transfers – was chosen as a theme for the monitoring visits which the Ombudsman in collaboration with the Danish Institute for Human Rights and DIGNITY – Danish Institute Against Torture carried out in 2017 in institutions for adults.

THE PSYCHIATRIC SYSTEM

The psychiatric system can be divided in three branches: **hospital psychiatry** (open, closed and forensic psychiatry wards), **community psychiatry** and **social psychiatry**.

At the hospitals, examination, diagnosing and medicinal treatment are undertaken. In addition to hospital psychiatry, there are local community psychiatric units providing outpatient treatment. The five Regions are responsible for treatment within hospital psychiatry and community psychiatry.

Social psychiatry includes all kinds of support for daily life (besides medical treatment) for residents with mental health disorders – for example social residential institutions, drop-in centres, support person programmes, etc. The municipalities are responsible for necessary programmes being available to the residents. This can be effected by the municipalities making their own programmes available, possibly through a joint effort with other municipalities, Regions or private actors.

As part of the theme, the Ombudsman investigated:

1. Are the security-related conditions for residents in social residential institutions sufficient?
2. Are there sector transfer problems between social residential institutions and the psychiatric sector?

Re 1.

The Ombudsman's overall assessment is that more can and must be done in order to improve resident security and the feeling of safety in social residential institutions. In recent years, the focus, which has been on improving staff security, has only to a lesser degree rubbed off on resident security.

In most of the social residential institutions which the Ombudsman visited during 2017, there were no guidelines on violence and threats among the residents (anti-violence policy), no systematic record-keeping of violence and threats among residents and therefore also no systematic analyses of violence and threats in order to find causes and patterns. In all institutions visited, the Ombudsman's team have spoken with at least one resident who expressed concern about his or her safety in relation to other residents or outside persons in the social residential institution. In a few institutions, several residents expressed concern.

During the main part of the visits, the Ombudsman's visiting team recommended implementing guidelines on handling violence and threats among residents. See Appendix 1 for an overall view of relevant actions and initiatives on improving resident security in social-psychiatric residential institutions.

Re 2.

The Ombudsman's overall assessment is that the collaboration in sector transfers between the social-psychiatric residential institutions and the psychiatric wards can and must be improved. Problems in sector transfers have in a number of cases meant that residents have not received the optimal treatment.

All the social residential institutions visited reported to having experienced multiple examples of inexpediencies in connection with residents' admission to or discharge from psychiatric wards or as part of the collaboration with wards during residents' hospital stay. For example, some social residential institutions had experienced that a resident was discharged with an hour's notice before arrival to the social residential institution late at night just before the weekend. The social residential institutions found this most problematic.

In order to make sector transfers less problematic, the Ombudsman's visiting team recommended in a number of cases that specific collaboration agreements were made between the social residential institutions and the treatment facility in the psychiatric sector which had the relevant social residential institution in its catchment area.

Among other things, the agreements ought to include a description of the conditions affecting admission, hospital stay and discharge.

The result of the themes of the Ombudsman's monitoring visits is described in more detail below, see subheadings 4.1 and 4.2.

The Ombudsman's thematic report is going to be discussed with the Ministry for Children and Social Affairs and the Ministry of Health in order for the ministries to consider how to deal with the identified problems. As part of his future monitoring visits, the Ombudsman is going to follow up on the recommendations given in connection with the investigation of the 2017 theme.

2. Reasons for the choice of theme

The purpose of the Ombudsman's monitoring of the social care sector is particularly to contribute to ensuring that society's most vulnerable citizens are treated with dignity and respect and in accordance with their legal rights.

Between 2012 and 2016, five staff members in social residential institutions lost their lives in consequence of being attacked by mentally ill patients. The media reported intensely on the tragic cases and on several cases of violence towards both staff members and other residents in the social residential institutions. The media also described that 16 cases of rape in three social residential institutions in the Copenhagen area had been reported to the police over a number of years.

From the media coverage, it became evident that staff members in a number of institutions found that they had residents who were too mentally ill to stay in a social residential institution and more correctly ought to have been admitted for treatment at a psychiatric ward. The staff members also stated that the social residential institutions found it problematic that residents were discharged too early and that the social residential institutions – after having had a resident hospitalised – did not get the necessary information from the psychiatric sector about the resident's continued treatment or about what had taken place during the hospitalisation.

According to several media, the psychiatric wards for their part did not recognise the problems outlined.

In recent years, several investigations have been made of the conditions in social-psychiatric residential institutions with the objective to prevent violence in the social residential institutions. Please see for instance ”Vold på botilbud og Forsorgshjem” (Violence in social residential facilities and care homes), published in 2016 by the Central Denmark Region/the National Board of Social Services and written by DEFACTUM; ”Voldsforebyggelse på botilbud og forsorgshjem” (Prevention of violence in social residential facilities and care homes), published in 2017 by the National Board of Social Services and written by the then SFI – The Danish National Centre for Social Research – (now VIVE – The Danish Center for Social Science Research); and ”Nationale retningslinjer for forebyggelse af voldsomme episoder på botilbud samt på boformer for hjemløse” (National guidelines on prevention of violent episodes in social residential facilities and in accommodation facilities for the homeless), published in 2017 by the National Board of Social Services. (All publications in Danish only).

The great focus on violent attacks also resulted in the political conciliation parties earmarking DKK 400 million to the prevention of violence and threats in social residential institutions when negotiating the 2016 agreement on the rate adjustment pool earmarked for disadvantaged groups. Among other things, the pool was allocated to 150 new residential places in the psychiatric sector for long-term treatment of residents with externalising behaviour in social residential institutions. The 150 new places are expected to have been established by the end of 2018.

The primary focus in the public debate has been staff security. Resident security for those who live in social residential institutions has not been a key point in the debate. The reason for the 2017 choice of theme was therefore a concern about whether the social residential institutions in a similar way ensure the safety to which residents are entitled, and whether the collaboration between the social residential institution and the psychiatric sector is sufficient in ensuring necessary treatment for residents in social residential institutions.

Therefore, in connection with his 2017 monitoring visits to institutions for adults, the Ombudsman chose to clarify conditions for residents in social-psychiatric residential institutions by using the two said key questions: whether resident security is sufficient in social residential institutions, and whether there are sector transfer problems between social residential institutions and psychiatric wards.

3. What did the Ombudsman do?

3.1 How was the investigation organised?

The theme was investigated through 13 visits to social-psychiatric residential institutions and seven visits to psychiatric wards. See Appendix 2 for a list of institutions visited.

When choosing the 13 social residential institutions, the Ombudsman emphasised, among other things, that these were institutions subject to sections 107 or 108 of the Social Services Act about temporary and long-term social residential institutions, and that the social residential institution's target group included persons with hospital orders and persons with dual diagnoses (mental health disorder combined with substance abuse). Included were both small and large social-psychiatric residential institutions throughout the country. Eight of the social residential institutions were municipal, three were regional, and two were under private management.

In order to clarify any sector transfer problems between social residential institutions and psychiatric wards, the Ombudsman also visited seven psychiatric hospital wards in 2017 throughout the country, except for the North Denmark Region.

The monitoring visits were carried out as part of the Ombudsman's general monitoring activities pursuant to section 18 of the Ombudsman Act and as part of the Ombudsman's task of preventing exposure to for instance inhuman or degrading treatment of people who are or may be deprived of their liberty, cf. the Optional Protocol to the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

The Ombudsman's work to prevent degrading treatment, etc. pursuant to the Protocol is carried out in collaboration with DIGNITY – Danish Institute Against Torture and the Danish Institute for Human Rights. DIGNITY and the Institute for Human Rights contribute to the collaboration with medical and human rights expertise. Among other things, this means that personnel with this expertise participate on behalf of the two institutes in the planning and execution of and follow-up on monitoring visits.

3.2 What did the Ombudsman investigate?

In the course of the year's thematic visit, the following conditions were investigated:

- Do the social residential institutions have an anti-violence policy?
- Do the social residential institutions keep records of violence and threats?

- Do the social residential institutions analyse records in order to find causes and patterns to be included in the preventive measures?
- Do the social residential institutions make risk assessments?
- How do the social residential institutions protect residents when they feel unsafe?
- Which information is sent on to the social residential institution by the psychiatric ward after admission of a patient residing in a social residential institution?
- Is there a standard, systematic, cross-functional/cross-sectorial cooperation between the psychiatric ward and the social residential institution?
- Have the psychiatric wards (in recent years) had to turn down residents from social residential institutions for other than medical reasons, for instance for capacity reasons or security reasons?
- Have the psychiatric wards had to discharge patients to social residential institutions too early due to capacity reasons or security reasons?
- Have the psychiatric wards had patients admitted for longer than necessary because there was no room in suitable social residential institutions?

3.3 How were conditions investigated?

Prior to each visit, the Ombudsman asked the institution for information about various conditions, partly about the institution in general, partly about the residents included in the visit.

Among other things, each institution was asked to provide information about the number of incidents of abuse, violence and threats within the last three years among residents, against residents and against staff. Furthermore, each institution was asked for a brief report on, among other things, how the institution prevents, deals with and follows up on specific incidents of violence and threats and – in relation to social residential institutions – a report on how the social residential institution cooperates with the psychiatric sector. See Appendix 3 for an example of an opening letter sent prior to the Ombudsman's visit to one of the social residential institutions visited.

During the monitoring visits, the written information was clarified in more detail for the Ombudsman via talks with management, staff and residents/patients. In total, we have talked with 75 residents, 44 patients and 39 relatives, including guardians, patient advisors, etc. in the course of the year's thematic visits.

4. What did the Ombudsman find?

It is the Ombudsman's overall assessment that more can and must be done in order to improve residents' security and strengthen their feeling of safety. In recent years, the focus, which has been to improve staff security, has only rubbed off on resident security to a lesser degree.

Furthermore, it is the Ombudsman's assessment that, for the benefit of the overall optimal treatment of residents, collaboration agreements should be made between the social-psychiatric residential institutions and the psychiatric wards which have the institutions in their catchment area. Among other things, the agreements should include a description of the conditions affecting admission, hospital stay and discharge.

4.1 Resident security in social residential institutions

Residents' problems in the social residential institutions visited varied. There were residents with a varying degree of support needs due to, for example, mental health disorders, substance abuse problems or social challenges. For instance, it could be residents with low aggression control or low impulse control and with difficulties interacting with other people. The complex nature of this is described in the aforementioned publication from the National Board of Social Services, "Vold på botilbud og Forsorgshjem" (Violence in social residential facilities and care homes). (In Danish only). The publication says, among other things:

> "Generally, it is a shared starting point that all citizens are mentally vulnerable and have communication difficulties. In addition, more citizens have a tough time when it comes to social relations and physical health. However, it is possible to point out a probable connection between substance abuse and financial difficulties. Thus, it is the citizens, who are substance abusers, who feel they are under pressure and stress because of financial difficulties or the substance abuse environment." (Unauthorised translation).

All the social residential institutions visited had experienced incidents with threatening and violent residents to a greater or lesser extent.

All the social residential institutions visited worked on preventing violence and threats among residents, to a certain extent. For the greater part of the social residential institutions visited, it is therefore an integral part of the pedagogical work to employ, for instance, 'low arousal' or similar pedagogical methods involving conflict inhibition in

relation to residents, and that there is zero tolerance in regard to violence and threats. The residents, with whom the Ombudsman's visiting team talked in the social residential institutions visited, generally expressed great satisfaction with the staff in the social residential institutions.

In the social residential institutions visited, the residents interviewed by the visiting team, were asked, among other things, if they felt safe in the institution. In all of the social residential institutions, there was at least one resident who said that he or she could feel unsafe because of some of the other residents in the institution or because of outside persons. At least 20 out of 75 residents interviewed said that they could feel unsafe. The feeling of being unsafe was more pronounced in some social residential institutions than in others.

For some residents, the feeling of being unsafe was so serious that they basically did not leave their rooms if they were not accompanied by staff. In one institution, at the instigation of the Ombudsman's visiting team, one resident was equipped with an alarm due to the resident's feeling of being unsafe, which was based on actual incidents of violence and threats from co-residents.

Management were often not aware of the feeling of being unsafe expressed by residents, and managements agreed with the Ombudsman's visiting team that more had probably been done about staff security than about resident security in the social residential institutions.

Many of the activities initiated for staff over the most recent years can also be implemented advantageously in relation to residents. Among other things, this applies to implementation of anti-violence policies, risk assessments and record-keeping and analyses of the occurrence of violence and threats among residents.

Therefore, it is the Ombudsman's opinion that managements in social residential institutions should increase their focus on resident safety and, to the extent relevant, implement relevant measures.

4.1.1 Anti-violence policy

To a certain extent, all the social residential institutions visited had a written policy on violence and threats *against staff*.

On the other hand, it greatly varied to which extent the social residential institutions had a policy on violence and threats *among residents*. Five social residential

institutions did not have a written policy on violence and threats among residents at all. Four social residential institutions had sub-elements of a policy which, however, in the Ombudsman's opinion was not fully adequate, for instance because preventive measures or follow-up with the involved residents had not been decided on. The remaining four social residential institutions had implemented a complete policy on the matter immediately preceding the Ombudsman's visit.

In one of the social residential institutions visited, management reported that there had been an incident a few weeks prior to the visit. A resident had threatened to kill another resident, chasing him with a butter knife. The incident ended when the first resident smashed the windscreen of a staff member's car. After the incident, management had, among other things, required crisis counselling for the staff members in accordance with the social residential institution's policy on handling violence and threats against staff. By contrast, management could not account for any actions taken in regard to the residents involved.

During the visit, the Ombudsman's visiting team talked with the neighbour of the resident who had been attacking the other resident. The neighbour said that the resident in question often went berserk. The frequent fits of rage made him (the neighbour) anxious, and he wished that the staff would talk with him after the incidents.

In the social residential institution in question, there were no written guidelines on how staff were to follow up in regard to residents who were affected by a violent incident. Established guidelines on follow-up in regard to residents involved could have led to support being provided. The Ombudsman's visiting team recommended the social residential institution to draw up written guidelines on violence and threats against residents.

In seven out of 13 social residential institutions, the Ombudsman's visiting team recommended that the social residential institution draw up a written anti-violence policy or extend an already existing anti-violence policy on violence and threats among residents.

In the Ombudsman's view, an anti-violence policy has to consider, among other things: 1) preventive measures, 2) handling of victim, offender and any other affected fellow residents in connection with a specific incident, 3) follow-up with victim, offender and affected fellow residents and 4) handling of violence and threats of violence from outside persons.

Almost all social residential institutions visited had zero tolerance in regard to violence and threats. Among other things, this means that it was an established policy to report violence and threats to the police. If such an established policy exists, it should be included in the anti-violence policy and be communicated to residents.

4.1.2 Risk assessment

The purpose of risk assessment is to improve the prediction of a resident's externalising behaviour, thereby avoiding the onset and escalation of conflicts. Risk assessment is an instrument for staff in social residential institutions. There are various instruments for performing risk assessment – and to varying degrees, they include the resident by working with the resident's self-insight and coping capability.

The most widely used kind of risk assessment in the 13 social residential institutions visited was Brøset Violence Checklist (BVC). Accordingly, eight of the 13 social residential institutions used BVC – if required, in combination with other risk assessment methods.

With the BVC method, residents are assessed based on a number of parameters such as confusion, irritability, boisterous behaviour, verbal threatening, physical threatening and attacking objects. Typically, residents are assessed once per shift. The systematic approach ensures that staff constantly relate to residents' condition and initiate steps, if necessary.

In addition to BVC, the social residential institutions used a number of other risk assessment instruments to a lesser degree, for example APG (Aggression Profile and Guideline), the traffic light model, coping charts, workplace assessment at resident level, etc.

The staff members interviewed by the visiting teams said in general that risk assessment is a great instrument which gives an immediate overview of residents' condition and helps prevent violence and threats.

The visits showed that 11 of 13 social residential institutions visited used one or more of the recognised risk assessment instruments.

A common feature of the social residential institutions not using a risk assessment instrument was that they were small, private social residential institutions making it easy for staff to get an overall view of the individual resident. However, one of the two

social residential institutions had just, as a trial scheme, implemented systematic use of risk assessment in one of its two wards with the aim of evaluating whether it should be extended to the entire social residential institution.

Therefore, the Ombudsman's visiting team did not find grounds for recommendations regarding this point.

However, the visits also showed that the use of risk assessments may be dilemma-filled. For instance, in one of the social residential institutions visited, staff had seen that a resident had reacted negatively to being assessed and that the risk assessment had escalated the conflict. It was a small social residential institution where staff were in close contact with residents. So, risk assessment had been abandoned. However, the institution held a daily morning meeting with staff discussing the handling of individual residents and events of the day.

In another social residential institution using BVC, management reported in more general terms that assessments per se could escalate conflicts. The social residential institution sought to counteract this by being very open and by explaining to the resident how and why BVC is used, and why the resident in the specific case had been assessed ('scored') problematic in behaviour, and about the various specific consequences the assessment would cause.

Residents in the social residential institutions visited were not informed of fellow residents' risk assessments. Hence, the social residential institutions were aware that it was a matter of sensitive personal data which legislation does not allow them to pass on to other residents. Furthermore, the social residential institutions found that openness about individual residents' risk level would create unnecessary anxiety among residents. Instead, the risk assessed resident was shielded or otherwise taken special care of in order to protect the other residents as well as the staff.

The Ombudsman agreed with the social residential institutions' evaluations and did not give recommendations regarding this point.

4.1.3 Keeping records of violence and threats

The visits showed that the social residential institutions in general were very careful about keeping records of incidents of violence and threats *in relation to the staff* – among other things, because it may be included in a possible work-related injury case for the staff member in question. In most social residential institutions, records were used systematically to follow the development in the occurrence of violence and

threats over time. In some places, the records were also analysed in order to find causes and patterns of the incidents. Among other things, it was investigated if there was a pattern of occurrence in regard to time of day, week or month, location of occurrence of violence and threats, situation (for instance medicine intake or meals) and which staff members were involved.

The result of the analyses was used actively in the prevention of violence and threats.

It was a different picture when it came to records and analyses of violence and threats *among residents*. The visits showed that by far the majority of the social residential institutions kept records of incidents of violence and threats in the individual resident's journal or diary. By contrast, the institutions did not keep systematic records which would have made it possible to monitor the development over time or to make analyses to find causes and patterns, as was the case in most social residential institutions in regard to violence and threats against staff. Therefore, a number of social residential institutions were not able to account for the development of violence and threats among residents in the past three years, and only a few of the social residential institutions had recently started analysing the recorded incidents as part of the preventive measures.

In order for systematic records and analyses hereof to be able to reinforce the prevention of violence and threats, it is a prerequisite that the incidence is at a certain level. Often, it is therefore not as relevant to keep such systematic records and analyses in small social residential institutions as it is in large ones with many incidents.

Based on considerations regarding possible reinforcements in the preventive work, the Ombudsman recommended that five of the 13 social residential institutions visited in future keep systematic records of violence and threats among residents and analyse the records in order to reinforce the preventive work in, for instance, identifying if it is specific situations that trigger a resident's externalising behaviour.

4.1.4 Unreported figures

In connection with the issue of keeping records of violence and threats among residents, managements in social residential institutions often mentioned that inevitably there had to be a rather large number of unreported figures. This is due to the fact that violence and threats among residents often occur in, for instance, residents' flats or in other places where the social residential institutions' staff do not become aware of the incident.

The managements' statements were confirmed when the Ombudsman's visiting team during talks with residents became aware of conflicts and incidents which management did not know about.

For instance, in one social residential institution, a female resident said that a male resident had forced his way into her flat and beaten her because she owed him money. The woman was frightened of the male resident and wanted an alarm. In another social residential institution, the visiting team learned that a resident for a longer period of time had been exploited by a fellow resident. Therefore, the exploited resident had been admitted to the psychiatric sector with the objective of being offered another social residential institution. During the visiting team's talks with residents in the same social residential institution, a third resident said that he – after the exploited resident had been admitted – had become the latest victim of exploitation from the same fellow resident.

With consent from the residents, their information was passed on to managements who said they would solve the problems immediately.

To get an insight into the scale of the unreported figures, the Ombudsman's visiting team mentioned in a number of the large social residential institutions that it might be a good idea in anonymous satisfaction surveys among residents to incorporate questions, among other things, on whether residents had been exposed to violence and threats and on whether residents would tell staff about this if that was the case. In one of the social residential institutions visited, an annual life quality measurement was already established, including questions which clarified residents' feeling of safety in the social residential institution.

4.1.5 Handling of medication

The majority of residents in the social residential institutions visited were on medication for mental health disorders.

If medication is not taken as directed by the prescribing physician, the risk increases of the resident becoming more mentally ill, thereby increasing the risk of the resident's behaviour becoming externalising. Most residents in social residential institutions get help from the institutions with the administration of their medication. It is therefore important that the social residential institutions have regular and safe procedures ensuring correct handling of medication.

In 12 of 13 visits to social residential institutions, DIGNITY's physicians participated in order to assess these procedures, among other things.

In three cases, the Ombudsman's visiting team gave recommendations based on DIGNITY's assessments. Among other things, recommendations were given on:

- increased focus on correct handling of medication so as to be in accordance with the Danish Patient Safety Authority's guidelines
- ensurance that the staff in charge of the handling of medication have the proper qualifications, and
- a systematic follow-up on unintentional incidents and adjustment of working procedures when the follow-up showed a need for adjustment.

4.1.6 Other preventive measures

In addition to the issues which the Ombudsman's visiting team have given recommendations on, many other conditions play a part when it comes to security and the feeling of safety in a social residential institution.

On the basis of discussions with the social residential institutions' managements, the Ombudsman's visiting team have made a note of the following conditions of special importance:

- *Consistency with the target group:* Management have to make sure there is consistency between the individual resident and the social residential institutions' target group in the preadmission evaluation because the risk of conflicts increases if residents, who are not compatible with the social residential institution's target group, are admitted to the social residential institution.

- *Physical environment:* For instance, sharing kitchen and bath may cause conflicts.

- *Staff-related conditions:* High staff turnover may increase the risk of conflicts among residents.

- *Substitute staff:* The same substitute staff should be used so that they know the individual institution's procedures and views on pedagogy and the prevention of violence and threats. Substitute staff must always be on duty with a permanent staff member who is familiar with these procedures and views.

In a number of social residential institutions, managements drew the Ombudsman's visiting team's attention to the specific issue of residents with dual diagnoses (mental health disorder combined with substance abuse).

The issue was that these residents were caught in a cross field between the psychiatric sector, which cannot treat active substance abusers, and the municipal substance abuse treatment programme, which cannot treat residents with severe mental health disorders because it is allegedly a condition for treatment that residents have normal cognitive levels. Some social residential institutions had attempted to solve the problem by employing their own substance abuse treatment therapist. The Ombudsman assesses that it is a systemic problem and is therefore going to present this point to the ministries responsible.

4.2 Sector transfer problems

Besides the 13 visits in social residential institutions, the Ombudsman has made seven visits to psychiatric wards across four Regions in the course of 2017.

The purpose of visiting social residential institutions as well as psychiatric wards was to investigate whether managements in the two types of institution had the same view on the collaboration between the institutions, and to identify potential improvement in the collaboration.

It is the Ombudsman's assessment that there are problems in the collaboration between the social-psychiatric residential institutions and the psychiatric treatment wards in regard to ensuring the overall optimal treatment of residents in social residential institutions.

See examples below of treatment issues seen from the social residential institutions' as well as from the psychiatric sector's perspectives.

However, the entire extent of sector transfer problems is not known since no systematic record-keeping in this area exists – for example records that it has not been possible to have a resident hospitalised. Neither social-psychiatric residential institutions nor psychiatric wards kept such records. In a number of social residential institutions, the Ombudsman has recommended that sector transfer problems are recorded systematically just like the Ombudsman in a number of cases has recommended the establishing of proper formalised collaboration agreements between social residential institutions/municipalities and psychiatric wards/Regions.

4.2.1 Perspective of social residential institutions

In the social residential institutions, the collaboration with the psychiatric wards was viewed rather differently. Some of the social residential institutions were very dissatisfied whereas one social residential institution found the collaboration entirely satisfactory. The other social residential institutions had had problems in connection with sector transfers to a varying degree.

The sector transfer problems experienced by the social residential institutions revolved especially around the difficulty of getting residents admitted, and that residents who had been hospitalised were discharged way too early. All social residential institutions could exemplify this to a varying extent.

In this way, the majority of the social residential institutions reported of examples of residents who – in the social residential institution's opinion – ought to have been admitted but had been rejected or discharged again after a few hours in hospital. There were also a number of examples of residents having been discharged without prior notice to the social residential institution or at problematic hours, for example 3:30 am on a Saturday. Furthermore, some social residential institutions could give examples of residents' whose medication had been altered without the social residential institution being informed hereof.

However, none of the social residential institutions kept systematic records of the number or nature of problematic experiences in connection with their residents' admission, hospital stay and discharge. Therefore, the social residential institutions could not account in more detail for the extent of the problems or whether it was a case of negative development.

The social residential institutions also reported of some residents, who the social residential institutions would characterise as 'revolving door patients', seeing that they were admitted several times a year. Similarly, no systematic record-keeping or analyses were made in these cases. At four visits in larger social residential institutions, the Ombudsman's visiting team recommended that such record-keeping was implemented.

Eight social residential institutions said they had had problems getting residents sectioned. Among other things, this was because emergency doctors or general practitioners were scared of residents with externalising behaviour and therefore reluctant to talk with the resident, or because the physicians allegedly did not feel competent in the decision about sectioning. This meant that residents could not be

sectioned even when the social residential institution viewed this as the correct action to take. Again, the social residential institutions did not keep systematic records of this problematic issue either.

Anyhow, the collaboration with the local psychiatric treatment facility about the individual resident was in general described as satisfactory by the social residential institutions once the resident had been admitted. Still, the cases where the collaboration failed put a heavy strain on the resident, the staff and the other residents in the social residential institutions and involved a great risk for all. The collaboration was, when it was well-functioning in relation to the resident admitted, driven by good relations between one or more experienced staff member(s) and similar staff in the local psychiatric treatment facility. However, the relation-borne collaboration was often of a fluctuating character because the turnover of consultant psychiatrists in some wards was frequent, according to the social residential institutions, whereby the developed relationship disappeared.

Five of the social residential institutions visited had implemented – or were in the process of implementing – local collaboration agreements. Accordingly, to an increasing extent, the social residential institutions saw that a proper collaboration agreement with the local psychiatric treatment facility about admission, hospital stay and discharge can be very useful in improving the collaboration about residents living in social residential institutions. There was also an increasing focus on the fact that knowledge of the working conditions in the psychiatric sector – and, the other way around, the psychiatric sector's knowledge of the working conditions in the social residential institutions – is useful for obtaining the best collaboration possible.

Among other things, collaboration agreements can include agreements on job swaps, visits to one another's institutions in order to encourage mutual understanding of possibilities and limitations, video conferences about residents/patients at set intervals, description of channels of communication with permanent staff members from both institutions, description of the most suitable admission and discharge and agreements on who is in charge of which tasks regarding the resident during hospitalisation.

In six social residential institutions, the Ombudsman's visiting team recommended the implementation of such agreements. In social residential institutions where the municipality as the owner of the social residential institution was represented, the Ombudsman's visiting team recommended that more general agreements between

the social psychiatric sector and the local psychiatric treatment facility were implemented also at central level between municipality and Region.

4.2.2 Perspective of psychiatric wards

In the psychiatric wards visited, it was generally stated that residents from social residential institutions are never rejected, nor are they discharged too early to the social residential institution.

In some of the wards visited, there was extended collaboration with a few of the catchment area's social residential institutions. Most often, the collaboration was not formalised in a collaboration agreement but depended on relations between staff members of the social residential institution in question and the psychiatric wards, also mentioned above under sub-heading 4.2.1. The psychiatric wards were positive about entering into collaboration agreements with social residential institutions in the catchment area, and, in relevant cases, the Ombudsman's visiting team recommended entering into such agreements.

The psychiatric wards did not keep systematic records of which patients resided in social residential institutions. Therefore, it was not possible to investigate whether this group of residents holds more residents, who can be categorised as 'revolving door patients', than the group of residents living at home. However, it was the general perception that 'revolving door patients' more often were living in their own home. Meanwhile, in the psychiatric sector's view, they should not be living in their own home – instead, they should have the option of staying in a social residential institution.

According to some of the psychiatric wards, this is because the municipalities have difficulties ensuring a sufficient number of suitable social residential institutions for such residents who besides mental health disorders suffer from a variety of other problems, for instance substance abuse or mental handicaps.

Some of the psychiatric wards also pointed out that they experienced problems in regard to the fact:

- that certain municipalities have closed down crisis placements in social residential institutions so that patients, ready for discharge but not able to get by in their own home, were hospitalised longer than necessary
- that a number of patients, viewed by the psychiatric sector as not being able to get by in their own homes, stay too long in the psychiatric sector because the

municipalities provide support in the home instead of offering placement in a social residential institution

- that certain social residential institutions in the summer holiday period admit residents who cannot be taken care of in their social residential institutions due to lower staffing levels during the summer holiday period.

It was not possible to put a figure on the scope of the problems mentioned since no systematic records of the problems were kept. Here, the Ombudsman's visiting team pointed out that the recommended collaboration agreement could also be designed in a way so as to include such problems, cf. above about collaboration agreements.

The Ombudsman's thematic report will be sent to the Ministry for Children and Social Affairs and the Ministry of Health, relevant parliamentary committees, relevant boards, agencies and regional social supervision authorities in order to ensure a continued focus on the problematic issues.

Copenhagen, 13 June 2018

Jørgen Steen Sørensen

Appendix 1

Relevant actions and initiatives

During the year's monitoring visits to social-psychiatric residential institutions and psychiatric wards, the Ombudsman has given a number of different recommendations.

The specific recommendations, which the Ombudsman has given during the individual visit, can be seen in the concluding letter to the institution, which is published on www.ombudsmanden.dk (in Danish only).

On the basis of this year's monotoring visits, the Ombudsman has compiled a list of actions and initiatives which can help increase resident safety in social-psychiatric residential institutions and improve the collaboration between social residential institutions and the psychiatric sector. See the list of actions and initiatives below.

Security:

- that social-psychiatric residential institutions draw up written guidelines on violence and threats against fellow residents, including, among other things, guidelines on 1) preventive measures, 2) handling of victim and offender and any other fellow residents not directly involved, 3) follow-up with the groups mentioned, 4) handling of violence and threats of violence from outside persons

- that social-psychiatric residential institutions keep systematic records of the occurrence of violence and threats among residents and analyse data with a preventive aim, etc.

- that social-psychiatric residential institutions apply risk assessment in their daily work and implement relevant actions if a resident poses a risk of externalising behaviour

- that social-psychiatric residential institutions have a clear policy on police reports which is known to staff

- that social-psychiatric residential institutions are aware of any unreported figures in the records of occurrence of violence and threats among residents

- that social-psychiatric residential institutions focus on correct handling of residents' medication in order to avoid medication errors, among other things

- that social-psychiatric residential institutions continuously check whether residents' need for support corresponds with the social-psychiatric residential institution's target group

- that social-psychiatric residential institutions make sure that the physical environment to the widest extent possible is designed so as to lessen the risk of conflicts. For instance, sharing kitchen and bath may cause conflicts.

- that social-psychiatric residential institutions focus on ensuring staff stability as high staff turnover may increase the risk of conflicts among residents. To the extent that the use of substitute staff is needed, it should be the same substitute staff who know the individual social residential institution's procedures and views on pedagogy and the prevention of violence and threats. Substitute staff should always be on duty with a permanent staff member who is familiar with these procedures and views.
- that social-psychiatric residential institutions attend to the continued skills development of staff, for instance via seminars on conflict management or violence prevention and follow-up seminars.

Sector transfers:

- that social-psychiatric residential institutions keep systematic records of incidents experienced in regard to admission, hospital stay and discharge from the psychiatric sector.

- that collaboration agreements are made between the social-psychiatric residential institutions/municipality and the treatment facility in the psychiatric sector/Region regarding residents' admission, hospital stay and discharge from psychiatric wards. Among other things, collaboration agreements can include agreements on job swaps, visits to one another's institutions in order to encourage mutual understanding of possibilities and limitations, video conferences about residents/patients at set intervals, description of channels of communication with permanent staff members from both institutions, description of the most suitable admission and discharge and agreements on who is in charge of which tasks regarding the resident during hospitalisation.

Appendix 2

List of institutions visited

When	Name and location	Talks with users[1]	Talks with relatives[2]	DIGNITY participated[3]	IMR participated
	Social residential institutions				
8/3	'Botilbuddet Røde Mellemvej', Copenhagen	12	2	✓	✓
9/3 + 24/3	'Botilbuddet Robert Jacobsens Vej', Bagsværd	7	1	✓	✓
15/3	'Østergården', Rude	5	5	✓	✓
28/3	'Botilbuddet Skovsbovej', Svendborg	8	4	✓	
3/4	'Lindegårdshusene', Roskilde (unannounced visit)	8	0	✓	✓
26/4	'Botilbuddet Teglgårdshuset', Middelfart	2	2	✓	✓
3/5	'Åkandehuset', Højby	4	4	✓	✓
18/5	'Bostedet Visborggaard', Hadsund	10	4	✓	
28/6	'Bostedet Vendelbo', Vrå (unannounced visit)	5	0	✓	
29/6	'Bostedet Brovst'	4	3	✓	
7/9	'Tangkær', Ørsted	6	0	✓	
12/10	'Tagabo', Copenhagen	2	0	✓	✓
25/10	'Gartnervænget', Sakskøbing	2	0		✓

[1] Number of residents and patients with whom the visiting teams talked.
[2] Number of relatives, guardians, social security guardians and patient advisors with whom the visiting teams talked.
[3] The Ombudsman collaborates with DIGNITY – Danish Institute Against Torture and the Danish Institute for Human Rights (IMR). Among other things, they participate in a number of monitoring activities.

When	Name and location	Talks with users[4]	Talks with relatives[5]	DIGNITY participated	IMR participated
	Psychiatric sector				
16/1	'Psykiatrisk Center København', Bispebjerg	5	1		✓
18/1	'Psykiatrisk Center København', Rigshospitalet	4	1		
9/2-10/2	'Psykiatrien Slagelse', forensic psychiatric ward	15	2		
27/4	'Psykiatrisk Afdeling Svendborg'	3	2	✓	
8/5	'Aarhus Universitetshospital', Risskov (unannounced visit)	4	0	✓	
7/6	'Regionspsykiatrien Vest', Herning	9	4	✓	
26/9	'Psykiatrisk Afdeling Odense'	4	4	✓	
	20 institutions in total	**119**	**39**		

Recommendations given during the individual monitoring visits can be seen in the concluding letters to the institutions, which are published on www.ombudsmanden.dk.

[4] Number of residents and patients with whom the visiting teams talked.
[5] Number of relatives, guardians, social security guardians and patient advisors with whom the visiting teams talked.

Appendix 3

Monitoring visit to Social Residential Institution A

As agreed by telephone with principal B, the visit to Social Residential Institution A is scheduled for **Thursday XXXX 2017**. The visit begins at 9:00 am.

There are no specific conditions in A leading to the Ombudsman's wish to visit the social residential institution. The monitoring visit is conducted as part of the Ombudsman's general monitoring activities and as part of the Ombudsman's OPCAT activities, cf. below about reasons for and purpose of the visit.

As the theme for 2017, the Ombudsman has chosen to look into conditions for persons residing in social-psychiatric residential institutions. In this connection, the Ombudsman is especially investigating the following issues:

- Are the security-related conditions for residents in social residential institutions sufficient?
- Are there sector transfer problems between social residential institutions and the psychiatric sector?

To a great extent, the desired information relates to these matters:

However, the visit will also focus on, among other things, use of physical force, interventions towards and restrictions on citizens, relations between residents and in regard to staff (including violence and threats), residents' access for occupational activities, and health-related conditions.

The visiting team consists of Deputy Head of Department, Consultant Erik Dorph Sørensen and Legal Case Officer Katrine R. de Lasson from the Ombudsman institution and Director General, Physician Karin Verland from DIGNITY – Danish Institute Against Torture.

With a copy of this letter, I have informed Region C and Regional Social Supervision Authority D about the visit. I have asked the Region and the Regional Social Supervision Authority to inform me of whether the Region and the Regional Social Supervision Authority wish to participate in the visit.

For your information, I enclose a copy of my letters to the Region and the Regional Social Supervision Authority.

Information in advance

For my preparation for the visit, I ask that I receive various types of information on **Tuesday XXXX 2017** at the latest:

1. Latest supervision report from the regional social supervision authority
2. Supervision report from The Danish Patient Safety Authority, if any
3. House rules
4. A list of the social residential institution's residents with information about age, gender, language, functional capacity, ethnic background, grounds for placement and time of placement, and residents with special needs

   Furthermore, please inform us of the following:
   - Does the resident have a psychiatric diagnosis?
   - Does the resident have a hospital order/court order?
   - Is the resident a substance abuser?
   - Does the resident have a record of violence or threats in the social residential institution?
   - How many times has the resident been admitted to a psychiatric ward within the last three years (or since moving into the social residential institution if the resident has lived in the institution for less than three years?)
5. The social residential institution's in-house guidelines on use of physical force
6. A list with the number of occurrences of physical force within the last three years
7. Feedback, if any, from the regional social supervision authorities and the residency municipality/Region on reports of use of physical force.
8. The social residential institution's guidelines on the handling of cases of threats, violence and abuse (anti-violence policy)
9. A list with the number of occurrences of abuse, violence and threats within the last three years (among residents, against residents and against staff), stating the number of cases where the threatening or violent resident has had a psychiatric diagnosis
10. In how many cases management, staff or residents, respectively, have reported a resident to the police
11. The social residential institution's local directions on medication handling
12. A list of the institution's staffing (number of staff, staff groups, their training and their seniority) including information on staffing days, nights and on weekends
13. Information on sickness absence (listed in percentage per staff group within the latest three years)
14. The use of substitute staff (when and to which extent are substitute staff used and which qualifications do the substitute staff have)
15. The latest minutes from meeting with the resident council
16. The latest minutes from meeting with relatives
17. Information on number of suicides and suicide attempts within the latest three years
18. The latest section 141 action plan among residents covered by one or more of the categories under subsection 4.1 above

19. The social residential institution's own similar (action) plans for the three residents
20. The latest report from the Danish Working Environment Authority on the mental work environment
21. Procedures/guidelines on risk assessment of residents moving in as well as on a regular basis (for example by the use of BVC or SOAS-R (Staff Observation Aggression Scale))
22. Information to residents moving in regarding the social residential institution's approach to violence and threats, including any reactions towards the resident in case of the resident behaving in a threatening or violent manner
23. Number of cases within the latest three years where the social residential institution has deemed admission to a psychiatric ward necessary but where admission has not taken place after all
24. Copy of material, cf. item k) below – (for instance rehabilitation programmes, discharge agreements (section 13 a of the Danish Mental Health Act), coordination plans (section 13 b of the Danish Mental Health Act), etc.) which the social residential institution has been given by the psychiatric sector in connection with the latest discharge of a resident from the psychiatric sector to the social residential institution

Furthermore, I ask for a report on the following:

a) How the social residential institution prevents residents ending up in inhuman or degrading situations
b) Which significant problematic incidents the social residential institution has experienced within the latest year
c) Which main professional challenges (except financial) the social residential institution faces in 2017
d) How the residents' access to health services is organised
e) How the residents' access to occupation, education and leisure time is organised
f) If there has been a development within the latest three years in the occurrence of violence and threats, management is asked to give an account of the possible causes behind this development
g) How is violence and threats prevented in the social residential institution?
h) How does the social residential institution handle residents who behave in a threatening or violent manner?
i) What is the follow-up on specific incidents of violence and threats? Including for example the practice of record-keeping, reporting to the police etc.
j) How does the collaboration with the psychiatric sector work? Including the social residential institution's residents' access to a psychiatric ward and the issue of discharge of patients from a psychiatric ward to the social residential institution. Preferably with information on the conditions that are viewed as challenging by the social residential institution.
k) Which information is received/accessible when a resident is received from the psychiatric sector (for instance rehabilitation programmes, discharge agreements (section 13 a of the Danish Mental Health Act), coordination plans (section 13 b of the Danish Mental Health), etc.?

l) How does the social residential institution find the municipalities' supervision of individual residents?
   - How is the structure?
   - How often do the municipal supervision authorities visit?
   - Are there differences from municipality to municipality?

When sending the material, I ask that it is numbered in accordance with the points above. As always, any confidential information can be sent to me via ordinary post but you are also welcome to send it to me via secure e-mail to post@ombudsmanden.dk.

Programme for the visit

Primarily, the visit is carried out through talks with the social residential institution's management, residents and staff. Talks with residents will include talks with residents who have signed up in advance as well as talks with a number of selected residents whom the visiting team on the day of the visit have asked if they wish to have a talk. Talks with staff can be carried out as group talks if that is desirable by the staff.

Furthermore, the visiting team would like to talk with representatives for the residents and relatives/guardians. Therefore – if possible – I ask that the social residential institution make arrangements for such talks. Such talks can also be carried out by telephone during the visit.

In general, the talks will revolve around the 2017 theme as described above.

I ask that the talks are carried out at times that fit into the social residential institution's daily programme. At present, it is not possible to say exactly how long the individual talks are going to take but in principle it is a question of fairly brief talks of 10-15 minutes' duration. The visiting team have the option of splitting into two groups, making it possible to carry out two talks at a time.

The visit also includes a presentation tour of the social residential institution's physical environment.

The visiting team want the visit to open and close with meetings with the social residential institution's management. The visiting team expect that the opening meeting is going to last approx. 2 hours and that the closing meeting is going to last approx. 1 hour. Prior to the closing meeting, the visiting team have a pre-meeting of approx. 45 minutes' duration.

At present, it is not possible to say when the visit is going to end on the day. Among other things, this depends on the number of persons asking for a talk.

On this background, I ask that the social residential institution send me a suggestion for a programme for the visit, including the talks mentioned. The social residential institution is welcome to contact me for further clarification of the planning of the visit. I ask that I receive the programme and a list of the residents, relatives and staff who wish to talk with us on **Monday XXXX 2017 at the latest.**

Notice

I ask that the social residential institution put up the enclosed notice about the visit together with the information sheet on the Parliamentary Ombudsman, or inform residents, relatives and staff representatives about this in any way the social residential institution finds most suitable. I enclose the folder “Information about your rights”. In the folder, residents can read more about the rules for the Ombudsman’s activities and about how to complain to the Ombudsman. The folder is also available on the Ombudsman’s website, as download also, and in certain other languages. If you wish to download the folder in other languages, you initially have to select the desired language in the top right hand corner on the website by clicking the small globe icon. I ask that the social residential institution hand out a folder to the residents who wish to have a talk and to any other persons who might wish to get the folder.

Background and purpose of the visit

The Parliamentary Ombudsman will regularly carry out monitoring visits, among other things to institutions where people are or can be deprived of their liberty. Partly, the monitoring visits are carried out as part of the Ombudsman’s general monitoring activities pursuant to section 18 of the Ombudsman Act, cf. Consolidating Act No. 349 of 22 March 2013, and partly in accordance with the Optional Protocol to the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, cf. Order No. 38 of 27 October 2009. The Ombudsman’s work in order to prevent degrading treatment, etc. in accordance with the protocol is carried out in collaboration with the Danish Institute for Human Rights and DIGNITY – Danish Institute Against Torture.

Pursuant to section 21, the Ombudsman shall in connection with his activities, including his monitoring visits, assess whether persons or authorities falling within his jurisdiction act in contravention of ‘existing legislation or otherwise commit errors or derelictions in the discharge of their duties’. In connection with the Ombudsman’s monitoring activity, section 18(ii) also applies. Pursuant to this provision, the

Ombudsman can, in addition to assessments pursuant to section 21, assess 'matters concerning the organisation and operation of an institution or authority and matters concerning the treatment of and activities for users of the institution or authority on the basis of universal human and humanitarian considerations'.

If A has any questions in connection with the monitoring visit, you are welcome to contact the undersigned on telephone number + 45 33 13 25 12.

Yours sincerely,
For the Ombudsman

Erik Dorph Sørensen
Souschef

Erik Dorph Sørensen
Deputy Head of Department

Appendix 4

Themes for monitoring activities

Every year, the Ombudsman chooses one or more themes for the year's monitoring visits, in collaboration with the Danish Institute for Human Rights and DIGNITY – Danish Institute Against Torture.

The choice of theme is particularly dependent on which areas are in need of an extra monitoring initiative. The Ombudsman will often choose a narrow theme, such as for instance the Prison and Probation Service's use of security cells. Other times, the Ombudsman will choose broad themes, such as for instance institutions for the elderly and substance abuse treatment.

The themes give the Ombudsman the opportunity to include current topics in his monitoring activities and also to make in-depth and transverse investigations of particular problematic issues and to gather experience about practice, including best practice.

A principle aim of the relevant year's monitoring visits is to shed light on and investigate the year's themes. The majority of the year's monitoring visits will therefore take place in institutions where the themes are relevant.

Thematic reports

At the end of the year, the Ombudsman reports on the outcome of the year's monitoring activities, together with the Danish Institute for Human Rights and DIGNITY – Danish Institute Against Torture.

The themes are specifically reported in separate reports on the individual themes. In these reports, the Ombudsman sums up and imparts the most important results of the themes.

General recommendations

Results of the themes may be general recommendations to the authorities, such as for instance a recommendation to draw up a policy for the prevention of violence and threats among residents.

General recommendations are based on the Ombudsman's experience of the area in question. Usually, they will also have been given as specific recommendations to particular institutions during the year's monitoring visits.

Typically, the Ombudsman will discuss the follow-up to his general recommendations with the central authorities. In addition, the Ombudsman will follow up on the recommendations during monitoring visits.

The general recommendations have a preventive aim. The basis for the preventive work in the monitoring field is that the Ombudsman has been appointed national preventive mechanism (NPM) according to the Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

The thematic reports will be published on the Ombudsman's website, www.ombudsmanden.dk. In addition, the Ombudsman will send the reports to the relevant authorities so that the authorities can include the reports in their deliberations regarding the various sectors.